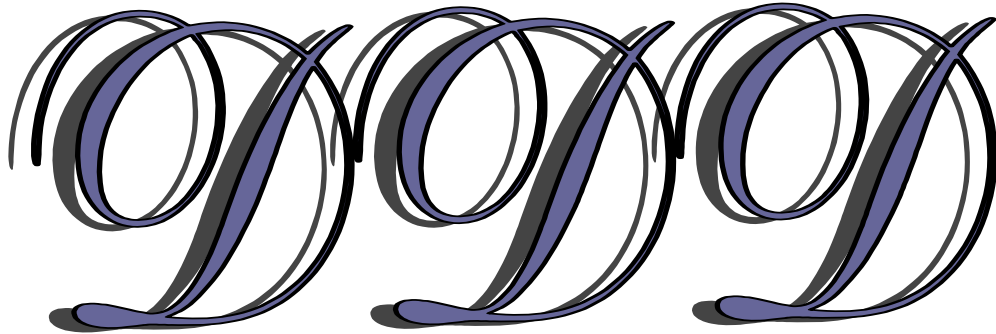


WYOMING DEPARTMENT of HEALTH Developmental Disabilities Division



Annual Performance Report
February 1, 2010
Revised April 12, 2010

Part C State Annual Performance Report (APR) for FFY 2008

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Part C State Annual Performance Report (APR) for FFY 2008**Overview of the Annual Performance Report Development:**

The FFY 2008 Part C Annual Performance Report (APR) was developed by the Early Intervention and Education Program (EIEP) in the Developmental Disabilities Division (DDD) of the Wyoming Department of Health (WDH), in collaboration with the Early Intervention Council (EIC), the state's Interagency Coordinating Council (ICC), and local Child Development Center (CDC) Infants and Toddlers Programs.

In preparation for submission of the February 2010 APR, the WDH staff collected and analyzed data on Monitoring Priority Indicators #1, 2, 4, 5, 6, 7, 8, 9, 10, 11, 13, and 14 for FFY 2008 (July 1, 2008-June 30, 2009) from the statewide Part C database, WDH program reports, corrective action plans, on site monitoring activities, and State-level complaint investigations. Baseline data, targets and improvement activities for Indicator 3 is also included in this submission..

Stakeholder Input

The general supervision system for the WDH consists of multiple components. WDH works closely with stakeholders in the development of Part C rules and regulations as well as policies to enforce those rules and regulations. The EIC is charged with advising and assisting WDH in its development and implementation of early intervention services throughout the state. The council consists of representatives from the following groups: parents, state parent advocacy organizations, the University of Wyoming, local providers, state legislators, public health and other state representatives. Child Development Services of Wyoming (CDS) serve as an additional stakeholder group with all regional CDCs represented. As well as providing input for state rules, regulations, and policies these groups provide input and comment on the information identified and reported in the Annual Performance Report and State Performance Plan.

A meeting was held on January 20, 2010 with the Wyoming Early Intervention Council and on January 21st with the Child Development Services of Wyoming. Input and recommendations were provided to WDH on the updated State Performance Plan and draft Annual Performance Report. The documents were distributed for review prior to the meetings.

Data Collection and Verification

The WDH Part C database is a web-based system that was specifically developed to collect and track data on the participation of infants and toddlers with disabilities and their families in the monitoring priority areas identified by the WDH and the Office of Special Education Programs. Data collected at referral and from Individual Family Service Plans (IFSP) for every eligible child and family is entered into the database by local staff. WDH and CDC staffs generate reports on a regular basis to monitor compliance and performance and audit for data validity and reliability.

Data for Indicator #4 was collected through a survey of selected questions taken from the National Center for Special Education Accountability Monitoring (NCSEAM) bank of suggested questions for early intervention. It was sent to all families receiving services in local Infants and Toddlers Programs as of March 30, 2008. Results were compiled for reporting by a contractor with expertise in the development of the NCSEAM survey scoring rubric and the analysis of its results. This survey is the same survey that was used in FFY 2007.

Indicator #3 in the State Performance Plan (SPP) has been updated to include initial progress data for children who began receiving early intervention services since December 2005, received services for at least six months and exited the program by June 30, 2009. Evaluation and assessment data was collected from the Part C database. It was compiled and reported by the same contractor mentioned above based on specifications consistent with OSEP reporting requirements.

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New or revised improvement activities have been included in the FFY 2008 APR, and added to the SPP that is posted on WDH's website <http://www.health.wyo.gov/ddd>.

Onsite Monitoring

On site monitoring occurs for each of the 14 regional programs on a three year cycle and also as issues are identified within a region. The monitoring protocol includes focus groups with Part C parents, the local Interagency Coordinating Council, and Part C staff. The focus groups include questions around:

- Natural Environments;
- Timeliness of services;
- Transition services;
- Child Find;
- Parent notification;
- Input into the IFSP process; and
- Parent complaint process

The monitoring protocol also includes an extensive review of files. These file review forms were developed by National Early Childhood Technical Assistance Center (NECTAC). During the on site monitoring, at least 20% of the Part C files are reviewed using these forms. Prior to on site monitoring visits, 100% of files are reviewed electronically to identify potential areas of non-compliance and/or distinguished practices. Also results of parent surveys which were distributed to all families enrolled in that region are reviewed by WDH staff.

Public Reporting

WDH reports information to the State's Interagency Coordinating Council and posts public announcements as needed for availability of information and the process to request copies.

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Monitoring Priority: Monitoring Priority: Early Intervention Services in Natural Environments

Indicator 1: Percent of infants and toddlers with IFSPs who receive the early intervention services on their IFSPs in a timely manner.

(20 U.S.C. 1416(a)(3)(A) and 1442)

Measurement:

Percent = [(# of infants and toddlers with IFSPs who receive the early intervention (EI) services on their IFSPs in a timely manner) divided by the (total # of infants and toddlers with IFSPs)] times 100.

Account for untimely receipt of services, including the reasons for delays.

FFY	Measurable and Rigorous Target
2005-2011	100% (cannot be less than 100%) for infants and toddlers with IFSPs who receive early intervention services on their IFSPs in a timely manner.

Actual Target Data for FFY 2008: 100% (163 divided by 163)

Target was met.

The State definition for “timely” is “All Early Intervention services must be initiated within 30 days from when the parent provides consent for IFSP service.”

For the submission of the APR FFY 2008, data was collected for this indicator by requesting all 14 regional Child Development Centers review 10% of their Part C files or 10 files whichever number was greater for FFY 2008 (July 1, 2008 to June 30, 2009). WDH requested that they look at the date of the parent consent for services and when the service was actually provided. On the assessment tool, respondents were asked to answer if the services were delivered within 30 days of the parent consent and to indicate the reasons for delay. The Child Development Centers’ staff verified family-related reasons or IFSP team decision making for the legitimate initiation of services outside the 30 day timeline and the report was modified based on local review and the CDC validation.

All 14 regional Child Development Centers reviewed a total of 163 files. Of the files reviewed, 158 files showed children received services within 30 days of parent consent for services. An additional four (4) files showed delays due to extreme family circumstances, one file showed a delay due to extreme weather circumstances $[(158 + 5) / 163 = 100\%]$.

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 2008:

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The data from FFY 2007 APR showed a compliance rate of 99%. The data for FFY 2008 APR showed the compliance rate of 100%. The progress from the previous FFY compliance rate was due to technical assistance (TA) provided to all CDCs at a statewide meeting in August, 2008. This TA focused on IFSP decision making, including determining appropriate services to meet the needs of children and families.

Improvement Activity 1:

WDH will continue to track this data regionally. This data will be collected annually through the self-assessment process and on-site monitoring visits. A new self assessment tool was developed and all CDCs completed their Self Assessments in 2006. In addition, all CDCs complete an additional comprehensive self assessment quarterly prior to the onsite monitoring using the file review tool developed by NECTAC that was modified for Wyoming.

Ongoing

Improvement Activity 2:

WDH requested quarterly record reviews of the CDCs to assess timeliness of services throughout the year. WDH validated the corrective action plans to ensure compliance was made by January 2007 for the CDCs below the target of 100% compliance.

Ongoing

Improvement Activity 3:

Complete written policies and procedures to disseminate to the regions. Include state definition of timely early intervention services in Part C Rules and Regulations. Written policies and procedures will be disseminated at the January and August 2006 conferences

Completed

Improvement Activity 4:

WDH completed a three-year cycle of monitoring reviews of all regions to validate data received in self-assessments and data submissions.

Ongoing

Improvement Activity 5:

Technical Assistance and training will be provided to all regions on the state's definition of timely early intervention services as well as acceptable justifications for not meeting this timeframe. Training will occur: 1) TA Series and Guidance Video Conference on November 1, 4 and 18, 2005 2) January 9-11, 2006 Annual Conference 3) August, 2006 Pre-Service Conference.

Completed

Improvement Activity 6:

Technical Assistance and training will be provided as needed to any CDC identified as out of compliance with the State's definition of timely early intervention services.

Ongoing

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Correction of FFY 2007 Findings of Noncompliance (if State reported less than 100% compliance):

Level of compliance (actual target data) State reported for FFY 2007 for this indicator: 99%

1. Number of findings of noncompliance the State made during FFY 2007 (the period from July 1, 2007, through June 30, 2008)	1
2. Number of FFY 2007 findings the State verified as timely corrected (corrected within one year from the date of notification to the EIS program of the finding)	1
3. Number of FFY 2007 findings <u>not</u> verified as corrected within one year [(1) minus (2)]	0

Correction of FFY 2007 Findings of Noncompliance Not Timely Corrected (corrected more than one year from identification of the noncompliance):

4. Number of FFY 2007 findings not timely corrected (same as the number from (3) above)	0
5. Number of FFY 2007 findings the State has verified as corrected beyond the one-year timeline ("subsequent correction")	0
6. Number of FFY 2007 findings <u>not</u> verified as corrected [(4) minus (5)]	0

The WDH has verified that the one CDC identified as out of compliance for Indicator 1 in the FFY 2007 APR is, (1) correctly implementing the specific regulatory requirements; and (2) has initiated services for each child, although late, unless the child is no longer within the jurisdiction of the EIS program, consistent with OSEP Memorandum 09-02, dated October 17, 2008.

In addition to using the WDH database to report performance for Indicator 1, WDH also conducted onsite monitoring of the one CDC that was issued a finding of noncompliance related to timely services in FFY 2006. The on site monitoring visit was to ensure the WDH that compliance was being maintained.

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2008: N/A

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Monitoring Priority: Early Intervention Services in Natural Environments

Indicator 2: Percent of Infants and toddlers with IFSPs who primarily receive early intervention services in the home or community based settings.

(20 U.S.C. 1416(a)(3)(A) and 1442)

Measurement:

Percent = [(# of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community based settings) divided by the (total # of infants and toddlers with IFSPs)] times 100.

FFY	Measurable and Rigorous Target
2005-2011	95% of infants and toddlers will receive early intervention services in the home or community- based settings.

Actual Target Data for FFY 2008: 99.72% (1088 divided by 1091)

Target was met.

Data was collected from the Wyoming Department of Health (WDH) database on all children reported in the December 1, 2008 child count. In order to determine the percent of children receiving services in their natural environment (NE), WDH added together the number of children served in the home and in community-based settings divided by the total child count. Justifications for families not receiving services in their home or community-based settings were documented in the database and were pulled from the December 2008 count to be analyzed.

Three (3) files indicated that infants and toddlers and their families were receiving services in other settings. The justifications for these files were pulled from the database to be analyzed. After reviewing and verifying the justifications, these three (3) were determined to be acceptable for settings other than the natural environment. The justifications reflect individual determination of setting based upon needs of each child and family.

The Wyoming Department of Health monitored each CDC to ensure that IFSP teams make individualized decisions regarding the settings in which infants and toddlers receive early intervention service in accordance with Part C natural environment requirements. Any services that were not placed in the natural environment but were still considered appropriate will be discussed and reconsidered by the IFSP team at the reviews of the IFSP on an ongoing basis.

The WDH Part C database is a web-based system that was specifically developed to collect and track data on the participation of infants and toddlers with disabilities and their families in the monitoring priority areas identified by the WDH and the Office of Special Education Programs. Data collected at referral and

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from Individual Family Service Plans (IFSP) for every eligible child and family is entered into the database by local staff. WDH and CDC staffs generate reports on a regular basis to monitor compliance and performance and audit for data validity and reliability. Wyoming has exceeded the measureable and rigorous target of 95%.

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 2008:

In FFY 2007 the rate of compliance for the indicator was 99%. In FFY 2008 the compliance rate increased to 99.72%.

New fields related to this indicator were added to the Part C data base in the FFY 2007 to report on the percent of infants and toddlers who receive early intervention services primarily in the natural environment. For IFSP services that were provided in other settings, the WDH reviewed reports to determine the presence of justifications on IFSPs. Requiring the CDCs to conduct this ongoing monitoring of settings statewide has improved the percentage of services provided in the natural environment from 99% in FFY 2007 to 99.72% in FFY 2008.

Improvement Activity 1:

Training on the importance of using the natural setting for services occurred as indicated in the State Performance Plan at the August 2007 Conference.

Completed

Improvement Activity 2:

Training occurred on the importance of services being provided in the natural settings for the IFSP outcomes in April 2008 with NECTAC and various staff members of the fourteen regional CDCs.

Completed

Improvement Activity 3:

WDH will submit an update of the corrective actions in the February 2010 APR.

Completed

Improvement Activity 4:

Training related to the definitions of a natural environment, definitions of program settings that are identified in the WDH database and the benefits of providing services in the natural environment will be available to all regions.

Ongoing

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2008: N/A

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SPP Template – Part C (3)

Wyoming

Monitoring Priority: Early Intervention Services In Natural Environments

Indicator 3: Percent of infants and toddlers with IFSPs who demonstrate improved:

- A. Positive social-emotional skills (including social relationships);
- B. Acquisition and use of knowledge and skills (including early language/ communication); and
- C. Use of appropriate behaviors to meet their needs.

(20 USC 1416(a)(3)(A) and 1442)

Measurement:

Outcomes:

- A. Positive social-emotional skills (including social relationships);
- B. Acquisition and use of knowledge and skills (including early language/communication); and
- C. Use of appropriate behaviors to meet their needs.

Progress categories for A, B and C:

- a. Percent of infants and toddlers who did not improve functioning = $\left[\frac{\text{\# of infants and toddlers who did not improve functioning}}{\text{\# of infants and toddlers with IFSPs assessed}} \right]$ times 100.
- b. Percent of infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers = $\left[\frac{\text{\# of infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers}}{\text{\# of infants and toddlers with IFSPs assessed}} \right]$ times 100.
- c. Percent of infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it = $\left[\frac{\text{\# of infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it}}{\text{\# of infants and toddlers with IFSPs assessed}} \right]$ times 100.
- d. Percent of infants and toddlers who improved functioning to reach a level comparable to same-aged peers = $\left[\frac{\text{\# of infants and toddlers who improved functioning to reach a level comparable to same-aged peers}}{\text{\# of infants and toddlers with IFSPs assessed}} \right]$ times 100.
- e. Percent of infants and toddlers who maintained functioning at a level comparable to same-aged peers = $\left[\frac{\text{\# of infants and toddlers who maintained functioning at a level comparable to same-aged peers}}{\text{\# of infants and toddlers with IFSPs assessed}} \right]$ times 100.

Summary Statements for Each of the Three Outcomes (use for FFY 2008-2009 reporting):

Summary Statement 1: Of those infants and toddlers who entered or exited early intervention below age expectations in each Outcome, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program.

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Measurement for Summary Statement 1:

Percent = # of infants and toddlers reported in progress category (c) plus # of infants and toddlers reported in category (d) divided by [# of infants and toddlers reported in progress category (a) plus # of infants and toddlers reported in progress category (b) plus # of infants and toddlers reported in progress category (c) plus # of infants and toddlers reported in progress category (d)] times 100.

Summary Statement 2: The percent of infants and toddlers who were functioning within age expectations in each Outcome by the time they turned 3 years of age or exited the program.

Measurement for Summary Statement 2: Percent = # of infants and toddlers reported in progress category (d) plus [# of infants and toddlers reported in progress category (e) divided by the total # of infants and toddlers reported in progress categories (a) + (b) + (c) + (d) + (e)] times 100.

Overview of Issue/Description of System or Process

The process used and data collection described in the FFY 2007 SPP remain the same for FFY 2008 reporting period.

The EIEP is using the ECO summary too, Child Outcome Summary Form (COSF), and the criteria for defining the “comparable to same-aged peers” is a child who is rated a six or a seven on the COSF. A COSF is completed on all entering and exiting children to the Part C program.

After multiple meetings and conference calls with stakeholders, decisions were made around the methodology and implementation process that would be used in order to capture how children demonstrate improved social/emotional skills, acquisition and use of knowledge of skills, and use of appropriate behaviors to meet their needs. The stakeholder groups agreed that the implementation of this indicator should coordinate with the Part B 619 SPP plan for Indicator 7 since they are similar and because both programs are served through the Child Development Centers (CDCs). Stakeholders believed that a coordinated process would create less confusion for staff, families, and the public when information is reported. Clarity will continue to be provided to the public, though, about the differences between Part B and Part C and the protocol will reflect those differences. Stakeholders also agreed that the WDH should provide the regions a list of state-approved tools, instead of expecting regions to implement one tool in order to collect this data. They believed that it would be important to evaluate the best instruments and methodology that can be used to capture how children demonstrate improved social and emotional skills, acquisition and use of knowledge of skills, and use of appropriate behaviors to meet their needs, and for the state to provide ongoing training and technical assistance to regions in future years.

WDH completed a phone survey in October, 2005 with each Regional Director to determine screenings, assessments, and curriculums that are currently being used. WDH reviewed the results of the survey in order to determine which tools the state would approve for the collection of the above indicators.

WDH Early Intervention and Education Program's list of state approved tools that can be used to track how children demonstrate improved social/emotional skills, acquisition and use of knowledge of skills (including early language and communication), and use of appropriate behaviors to meet their needs.

Assessment Tools to capture the three areas of development:

- Battelle Developmental Inventory (BDI)
- Early Learning Accomplishment Profile (ELAP)
- Hawaii Early Learning Profile (HELP)
- Bayley Scales of Infant Development (BSID-II)
- Brigance

Part C State Annual Performance Report (APR) for FFY 2008**Screening tool to measure progress in the above three areas of development:**

- Ages and Stages Questionnaire (ASQ)
- Assessment Evaluation and Program Systems (AEPS)

WDH requested that the IFSP team implement one or more of the above tools at the time of the child's entry into the program and shortly before the child exits the program (three months prior or less). IFSP team also reviewed other sources of information, including the Multidisciplinary Team Evaluation, the IFSP objectives and outcomes, child observations and parent input in order to complete the Early Childhood Outcomes (ECO) Center Child Outcomes Summary Form (COSF) on each child. This form is intended to summarize multiple sources of information as a method to report progress in the three developmental areas.

CDC staff members were given training on the COSF in January 2006, in August 2006, and again in August 2007. They also received copies of an FAQ document that included instructions on how to complete the COSF and typical questions they might have about completing the form and collecting the data. The FAQ followed the best practices advocated by the ECO Center. In addition, NECTAC met with the WDH staff members in March 2006 to provide in-depth training on summarizing and reporting out on the COSFs. Lastly, the WDH staff members provided individual consultations to the CDCs via email and phone.

The COSF was completed for each child entering in to the program starting January 15, 2006 through June 30, 2006. CDC regions submitted the completed COSFs to WDH on a quarterly basis as indicated in the table below. For the initial data collection period, COSFs were collected from only two quarters. In 2006-07, COSF results were collected for four quarters of data collection (July through June).

Quarter	Data Collection	Submit to WDH
1	January through March	April 15
2	April through June	July 15
3	July through September	October 15
4	October through December	January 15

In 2007-08, an online COSF was implemented. This has allowed for the COSF to be completed in real-time and for efficient data collection and analysis processes. Both entry and exit data are collected using the online form. WDH contracted with Data Driven Enterprises (DDE) for assistance with the data collection, data analysis, and report-writing for this indicator.

Measurement Processes for the February 2008 APR:

Starting with the February 2008 APR, WDH had to be able to provide data in the official five reporting categories. WDH uses the COSF to do this. For any child with entry data and who has been in the program for at least six months, the CDCs are required to collect exit data on this child and report it on the COSF. Exit data was collected for FFY 2006 and FFY 2007. The same procedures used to complete the COSF at entry (e.g., using multiple data sources, using a state-approved assessment, gathering input from the IFSP team, assigning a rating on the COSF) are used at exit. This allows WDH to compare exit to entry scores on each of the three developmental areas.

Every year since FFY2005, to ensure that the data reported on the COSF are reliable and valid, the EIEP examined the supporting documentation on the COSF and how it corresponded with the outcomes rating given the child. Documents showing the description of a child's skills on each outcomes area and the child's corresponding rating for the each outcomes area were produced. These documents were organized by child age. Thus, EIEP staff members could review the "typical" skills reported, for example,

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for a child who received a score of 4 on Social-Emotional at age 1.5 years. This information will be shared with the regions so that the reliability of the scoring process across regions is increased.

In FFY2006, the decision tree was incorporated on to the COSF. An analysis was conducted to determine if CDC personnel were accurately assigning overall ratings given the decision tree ratings. This analysis showed an accuracy rating of about 67%. While this accuracy rating might seem low, in the August 2007 training session, it was determined that some CDCs did not understand the relationship of the decision tree to the overall rating; this was clarified during training. Furthermore, some CDC staff members left the decision tree questions blank; once again, this was clarified during training. The important thing is that the EIEP continues to provide training on the COSF, continues to improve upon the COSF, and continues to analyze reliability and validity statistics to make sure the process in Wyoming is a valid one.

Additional changes for 2007-08, based on the analysis of FFY2006 ratings include an online version of the COSF. Both of these changes will allow for more efficient tracking of children's entry and exit ratings. Furthermore, the online version of the COSF directly ties the decision tree to the overall ratings; this has ensured that the overall assignment of ratings exactly matches the supporting documentation.

Baseline Data for FFY 2008 (2008-2009):

Display 3-1 shows the number and percentage of children in each progress category as well as the results of the summary statement calculations.

Display 3-1: Number and Percentage of Children in Each Progress Category and Summary statement Calculations

	Positive Social-Emotional Skills		Acquiring and Using Knowledge and Skills		Taking Appropriate Action to Meet Needs	
	# of children	% of children	# of children	% of children	# of children	% of children
a - Children who did not improve functioning	22	4.26%	20	3.87%	22	4.26%
b - Children who improved functioning but not sufficient to move nearer to functioning comparable to same age peers	190	36.75%	176	34.04%	157	30.37%
c - Children who improved functioning to a level nearer to same-aged peers but did not reach it	44	8.51%	47	9.09%	58	11.22%
d - Children who improved functioning to reach a level comparable to same-aged peers	113	21.86%	128	24.76%	155	29.98%
e - Children who maintained functioning at a level comparable to same-aged peers	148	28.63%	146	28.24%	125	24.18%
Total	517	100.00%	517	100.00%	517	100.00%
Summary Statements:						
1. Of those children who entered the program below age expectations, the percent who substantially increased their rate of growth by the time they exited.	42.55%		47.17%		54.34%	
2. Percent of children who were functioning at a level comparable to same-aged peers by the time they exited.	50.48%		53.00%		54.16%	

Part C State Annual Performance Report (APR) for FFY 2008**Reliability and Validity**

Progress data are reported on all children who enter and exit the Part C program; because data are collected from all children and not a sample of children, the EIEP does not need to be concerned about any response bias or non-representativeness.

To ensure that the data reported on the COSF are reliable and valid, WDH examined the supporting documentation on the COSF and how it corresponded with the outcomes rating given the child. For example, if a child receives an overall rating of 6 or 7 on the COSF, then the supporting documentation should include age-level skills that the child demonstrated; if the supporting documentation includes only foundational skills, then something is amiss. In addition, during the August 2006 training session, CDC staff members were asked about the procedures they used in collecting the assessment data and completing the COSF. Any misconceptions were addressed in the updated FAQ document that was sent out to CDCs in September 2006. Furthermore, as a result of examining the relationship between the supporting documentation and the outcomes rating and of hearing the misconceptions of certain CDC members, WDH revised the COSF. The revisions helped guide the IFSP teams in what type of supporting information they are supposed to provide on the COSF and how the type of supporting documentation relates to the 7-point COSF rating scale. WDH also incorporated the ECO Center Decision Tree right onto the COSF to ensure that the different CDCs were applying the COSF decision rules consistently.

Discussion of Baseline Data for FFY2008:

Baseline data indicate that 50-54% of children are functioning at a level comparable to same-aged peers when they exit the program and that 43-54% of children who entered the program below age expectations substantially increased their rate of growth by the time they exited.

Targets were set based on an analysis of the COSF data from 2008-09 and from 2007-08. Based on these data and input from stakeholders group, the following targets have been set for 2009-10 and 2010-1011. These targets represent appropriate, yet challenging, targets.

Display 3-2: Targets

	Positive Social-Emotional Skills		Acquiring and Using Knowledge and Skills		Taking Appropriate Action to Meet Needs	
	2009-10	2010-11	2009-10	2010-11	2009-10	2010-11
1. Of those children who entered the program below age expectations, the percent that substantially increased their rate of growth by the time they exited.	42.55%	43.05%	47.17%	47.67%	54.34%	54.84%
2. Percent of children who were functioning at a level comparable to same-aged peers by the time they exited.	50.48%	50.98%	53.00%	53.50%	54.16%	54.66%

Discussion of Improvement Activities Completed for FFY 2008:Improvement Activity 1:

A strategic plan for training, and implementing the data collection for this indicator was completed with the help of NECTAC.

Completed

Part C State Annual Performance Report (APR) for FFY 2008Improvement Activity 2:

Training was provided during the August 14-16, 2006 Pre-service Conference with assistance from NECTAC. Following the training, the Child Outcome Summary Form (COSF) was revised to include the Decision Tree developed by the ECO Center. In addition a technical assistance document titled “Frequently Asked Questions (FAQ 1)” was posted on the WDH website to assist CDC staff in completing the COSF. WDH will continue to provide training and “Guidance Documents” as needed to ensure data gathered is consistent across the State.

OngoingImprovement Activity 3:

Evaluate the success of each region in the implementation of the state approved tools and ECO Child Outcomes Summary Form.

OngoingImprovement Activity 4:

Provide training in curriculum based assessments and the utilization of curriculums in Part C programs to encourage best practices in the CDCs.

CompletedImprovement Activity 5:

Data has been collected since January 15, 2006. The updated State Performance Plan submitted in 2007 contains entry data on all children that entered the program between January 15, 2006 and June 30, 2006.

CompletedImprovement Activity 6:

Collect entry data on children entering 2006-2007 and exit data on Children exiting 2006-2007. Report on 2008 APR the progress made for children that entered 2005-2006 and exited 2006-2007 that were in the program at least 6 months: (a) percent of children who reach or maintain functioning at level comparable to same age peers, (b) percent of kids who improve functioning (not included in a), and (c) percent of children who do not improve functioning. Set targets for 2009 and 2010. Report data to the local CDC and provide training/guidance to all CDCs on how the data can be used to improve early intervention services. WDH will provide TA to regions falling in the bottom quartile of all regions in terms of demonstrating progress on child outcomes. Report data to the public.

CompletedImprovement Activity 7:

Collect entry data on children entering 2007-2008 and exit data on children exiting 2007-2008. Report on 2009 APR the progress made for children that exited 2007-2008 that have both entry and exit data collected and have been in the program at least 6 months: (a) percent of children who reach or maintain functioning at level comparable to same age peers, (b) percent of kids who improve functioning (not included in a) and (c) percent of children who do not improve functioning. Compare data to previously set targets, describe progress or slippage, and make any needed adjustments to targets. Report data to the local regions and provide training/guidance to all CDCs on how the data can be used to improve early

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intervention services. WDH will provide TA to regions falling in the bottom quartile of all regions in terms of demonstrating progress on child outcomes. Report data to the public.

Completed

Improvement Activity 8:

Collect entry data on children entering 2008-2009 and exit data on children exiting 2008-2009. Report on 2010 APR the progress made for children that exited 2008-2009 that have both entry and exit data collected and have been in the program at least 6 months: (a) percent of children who reach or maintain functioning at level comparable to same age peers, (b) percent of kids who improve functioning (not included in a) and (c) percent of children who do not improve functioning. Compare data to previously set targets, describe progress or slippage, and make any needed adjustments to targets. Report data to the local CDCs and provide training/guidance to all CDCs on how the data can be used to improve early intervention services. WDH will provide TA to regions falling in the bottom quartile of all regions in terms of demonstrating progress on child outcomes. Report data to the public.

Completed

Part C State Annual Performance Report (APR) for FFY 2008

Monitoring Priority: Early Intervention Services In Natural Environments

Indicator 4: Percent of families participating in Part C who report that early intervention services have helped the family:

- A. Know their rights;
- B. Effectively communicate their children's needs; and
- C. Help their children develop and learn.

(20 U.S.C. 1416(a) (3) (A) and 1442)

Measurement:

- A. Percent = [(# of respondent families participating in Part C who report that early intervention services have helped the family know their rights) divided by the (# of respondent families participating in Part C)] times 100.
- B. Percent = [(# of respondent families participating in Part C who report that early intervention services have helped the family effectively communicate their children's needs) divided by the (# of respondent families participating in Part C)] times 100.
- C. Percent = [(# of respondent families participating in Part C who report that early intervention services have helped the family help their children develop and learn) divided by the (# of respondent families participating in Part C)] times 100.

<i>FFY</i>	<i>A. Know their rights</i>	<i>Measurable and Rigorous Target</i>	
		<i>B. Effectively communicate their child's needs</i>	<i>C. Help their child develop and learn</i>
2008	94.00%	94.00%	93.77%

Actual Baseline Data for July 1, 2008– June 30, 2009**Display 4-1: Percent of families who state that Early Intervention services have helped them**

	A. Know their rights	B. Effectively communicate their child's needs	C. Help their child develop and learn
Number of Parents who received a score for a given area	396	396	396
Percent of families who said early intervention services helped them	97.7%	96.7%	97.2%

Part C State Annual Performance Report (APR) for FFY 2008

The target for A. was met.

The target for B. was met.

The target for C. was met.

The purpose of the family outcome survey is to assist the WDH in determining how early intervention services have helped the family: (A) know their rights; (B) effectively communicate their children's needs, and (C) help their children develop and learn. The survey data will assist the WDH in tailoring early intervention services and will result in positive outcomes for families as well as improved outcomes for children.

During FFY 2008, 963 children were enrolled in the Part C program; thus, the estimated response rate is 41.1% (396/963). However, not all of these children were enrolled in the program for at least six months, so the response rate represents a conservative estimate of the actual response rate.

To arrive at the percent of parents who report that Early Intervention services have helped them achieve each of the three areas, a "percent of maximum" scoring procedure was used. A "percent of maximum" score based on two items for area A, six items for area B, and four items for area C was calculated. Each survey respondent received a percent of maximum score for each of these three areas. A respondent who rated early intervention services a "6" (Very Strongly Agree) on each item for a given target area received a 100% score for that target area; a respondent who rated early intervention services a "1" (Very Strongly Disagree) on each item for a given target area received a 0% score. A respondent who rated early intervention services a "4" (Agree) on each item for a given target area received a 60% score for that target area. (Note: a respondent who **on average** rated their experiences a "4", e.g., a respondent who rated 8 items a "4," 9 items a "3" and 9 items a "5," would also receive a percent of maximum score of 60 %.) A parent who has a percent of maximum score of 60% or above was identified as one who met each of the three target areas. A 60% cut-score represents a family who is slightly more positive than "agree," i.e., the family has to have "strongly agreed" with at least one other item. The items used to arrive at a score for each area are listed in Display 4-2.

Display 4-2: Items Used to Calculate a Score for Each Area

A. Know their rights

Over the past year, Early Intervention services have helped me and/or my family:

- 13. Understand how the Early Intervention system works.
- 19. Know about my child's and family's right concerning Early Intervention services.

B. Effectively communicate their children's needs

Over the past year, Early Intervention services have helped me and/or my family:

- 2. Know about services in the community
- 6. Get the services that my child and family need
- 12. Feel that I can get the services and supports that my child and family need
- 14. Be able to evaluate how much progress my child is making
- 17. Communicate more effectively with the people who work with my child and family
- 21. Understand my child's special needs

C. Help their children develop and learn

Over the past year, Early Intervention services have helped me and/or my family:

- 4. Know where to go for support to meet my child's needs.
- 7. Feel more confident in my skills as a parent.
- 9. Make changes in family routines that will benefit my child with special needs.
- 20. Do things with and for my child that are good for my child's development.

Part C State Annual Performance Report (APR) for FFY 2008

Reliability and Validity

The representativeness of the surveys was assessed by examining the demographic characteristics of the children of the parents who responded to the survey to the demographic characteristics of children in the Part C system in Wyoming. This comparison indicates the results are representative by geographic region where the child receives services; parents from each region responded to the survey. In addition, results are representative by race/ethnicity. For example, 80% of the parents who returned a survey indicated that their children are white, and 82% of Part C children are white; 7% of parents who returned a survey indicated that their children are Hispanic and 9% of Part C children are Hispanic. Furthermore, 35% of the parents who returned a survey indicated that their child received speech/language services, and 50% of Part C children are receiving these services.

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 2008:

As indicated in Display 4-3, scores increased for all areas. Possible reasons for the increase are an increased focus of the Part C programs on parent involvement. Detailed survey results are provided to each Part C region, and they pay attention to the results.

Stakeholders developed targets for this indicator, and means for improvement were discussed and implemented so that the CDCs can increase the rate of return for parent surveys i.e.; introducing the survey at the initial IFSP, providing an envelope to the parents for return to the CDC to protect confidentiality and putting the survey on the WDH website (<http://www.health.wyo.gov/ddd>) for parents to access.

Display 4-3: Percent of families who state that the Early Intervention Program has helped them, Results Over Time

	A. Know their rights				B. Effectively communicate their child's needs				C. Help their child develop and learn			
	FFY 2005	FFY 2006	FFY 2007	FFY 2008	FFY 2005	FFY 2006	FFY 2007	FFY 2008	FFY 2005	FFY 2006	FFY 2007	FFY 2008
Number of families who received a score for a given area	230	348	311	396	230	349	311	396	230	349	311	396
Number of families who said early intervention services helped them	215	335	299	387	215	333	298	383	214	333	299	385
Percent of families who said early intervention services helped them	93.48%	96.26%	96.10%	97.70%	93.48%	95.42%	95.80%	96.70%	93.04%	95.42%	96.10%	97.20%

Improvement Activity 1:

Completion of a State Strategic Plan to operationalize the goals, objectives, training and technical assistance that will be required to implement the above indicator.

Completed

Improvement Activity 2:

Evaluate how the process is working and determine any obstacles that regions are facing in administering the survey to families.

Ongoing

Part C State Annual Performance Report (APR) for FFY 2008Improvement Activity 3:

Report on data collected from July 1, 2008 to June 30, 2009. Data will be reported to the public and local regions. From the data collected, stakeholders will develop targets and discuss means for improvement. Data and targets will be reported in the 2008 *SPP*.

CompletedImprovement Activity 4:

Report FFY data on parent survey results in all future APRs and report to the public (State ICC by *October 31* of each year).

OngoingImprovement Activity 5:

Collect entry data on all children that entered the program between January 15, 2006 and June 30th, 2006. Report on 2007 APR the status at entry for children that entered the program: (a) percent of children that entered at a level of same-aged peers and (b) percent of children that entered at a level below same aged peers.

CompletedImprovement Activity 6:

Collect entry data on children entering 2006-2007 and exit data on Children exiting 2006-2007. Report on 2008 APR the progress made for children that entered 2005-2006 and exited 2006-2007 that were in the program at least 6 months: (a) percent of children who reach or maintain functioning at level comparable to same age peers, (b) percent of kids who improve functioning (not included in a), and (c) percent of children who do not improve functioning. Set targets for 2009 and 2010.

Completed

Report data to the local CDC and provide training/guidance to all CDCs on how the data can be used to improve early intervention services. WDH will provide TA to regions falling in the bottom quartile of all regions in terms of demonstrating progress on child outcomes. Report data to the public.

OngoingImprovement Activity 7:

Collect entry data on children entering 2007-2008 and exit data on children exiting 2007-2008. Report on FFY 2009 APR the progress made for children that exited 2007-2008 that have both entry and exit data collected and have been in the program at least 6 months: (a) percent of children who reach or maintain functioning at level comparable to same age peers, (b) percent of kids who improve functioning (not included in a), and (c) percent of children who do not improve functioning. Compare data to previously set targets, describe progress or slippage, and make any needed adjustments to targets. Report data to the local regions and provide training/guidance to all CDCs on how the data can be used to improve early intervention services. WDH will provide TA to regions falling in the bottom quartile of all regions in terms of demonstrating progress on child outcomes. Report data to the public.

Completed

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2008: N/A

Part C State Annual Performance Report (APR) for FFY 2008

Monitoring Priority: Effective General Supervision Part C/ Child Find

Indicator 5: Percent of infants and toddlers birth to 1 with IFSPs compared to national data.

(20 U.S.C. 1416(a)(3)(B) and 1442)

Measurement: Percent = [(# of infants and toddler birth to 1 with IFSPs) divided by the (population of infants and toddlers birth to 1)] times 100 compared to national data.

FFY	Measurable and Rigorous Target
2008	To exceed the national baseline of infant and toddlers birth to 1 with IFSPs as compared to national data. The national baseline for the single day count between 10/1/2008 and 12/1/2008 was 1.04%.

Actual Target Data for FFY 2008: 1.87% (149 divided by 7,984)

Target was met.

Data was collected from the Wyoming Department of Health (WDH) database on all children reported in the December 1, 2008 child count. This number was divided by the population of infants and toddlers birth to one. The national baseline source was taken from the Table C-13 of www.ideadata.org 11/17/2009.

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 2008:

In FFY 2007, the percentage of eligible children birth to one (1) years of age was 1.7% (128 divided by 7,399). This was a slippage of 0.1% from the previous 2006 APR target. The WDH did initiate a focus monitoring of child find activities for the state in this age range during FFY 2008. In response to this monitoring, in July of 2008, a stakeholder group that included the State Interagency Coordinating Council (EIC) decided to revise the target for this indicator so that it stated the target percentage would exceed the national percentage of infants and toddlers birth to one who has an IFSP. The state of Wyoming has consistently been ahead of the national average for this indicator. It was felt that this revision would more accurately achieve the intent of this indicator with respect to child find activities. The Wyoming Department of Health will continue to monitor child find and evaluation activities for their effectiveness.

The WDH Part C database is a web-based system that was specifically developed to collect and track data on the participation of infants and toddlers with disabilities and their families in the monitoring priority areas identified by the WDH and the Office of Special Education Programs. Data collected at referral and from Individual Family Service Plans (IFSP) for every eligible child and family is entered into the database by local staff. WDH and CDC staffs generate reports on a regular basis to monitor compliance and performance and audit for data validity and reliability.

Part C State Annual Performance Report (APR) for FFY 2008

Referral Sources:

In FFY 2008, the total number of referrals for the birth to one age range to Part C programs throughout the year decreased from 483 infants and toddlers in FFY 2007 to 443 in FFY 2008. Referrals from parents accounted for 34.99% out of the 443 three referrals or 155 referrals. The next highest percentages of referrals came from physicians with 25.73% or 114 referrals.

Referral Source Trend Data for Infants and Toddlers Birth to One	FFY 2006	FFY 2007	FFY 2008
Physicians	21.8%	25.47%	25.73%
Parents	33.2%	34.58%	34.99%
Other Agencies	25.3%	22.36%	22.57%
Hospitals	2.0%	9.11%	8.35%
Public Screenings	17.7%	8.49%	8.35%
Number of Referrals	395	483	443

Improvement Activity 1:

Provide education to physicians throughout the state about Part C services.

Completed

Improvement Activity 2:

Annual Conference in August 2006. Discuss with Family Service Coordinators the need for increased outreach to their local physicians and identify any barriers that they may be facing. Brainstorm ideas of how to improve referrals from the local physicians and follow up with FSCs at the next Annual Conference.

Completed

As the percentage of children 0-1 with an IFSP varies significantly from CDC to CDC, this improvement activity has been extended through 2010.

Ongoing

Improvement Activity 3:

Work with State DFS Director around creating an interagency agreement to ensure that required referrals are occurring by June 30, 2006.

Completed

In 2007 WDH will continue to work with DFS to develop an agreement that will ensure that a process exists to streamline and increase the number of referrals coming from DFS offices around the State.

Ongoing

Part C State Annual Performance Report (APR) for FFY 2008Improvement Activity 4:

Work with local inter-agency coordinating councils to ensure that a representative from DFS is participating in the meetings and encourage local inter-agency agreements to be completed.

Ongoing

Improvement Activity 5:

Continue to evaluate the promotional “One before Two” program and track the number of screenings completed for children from birth to one year of age.

Ongoing

Improvement Activity 6:

Provide educational materials in Spanish to ensure information is being outreached to the Spanish Speaking populations throughout the state.

Ongoing

Improvement Activity 7:

WDH will monitor for this indicator through the new Citrix database and during on site reviews to identify any concerns within those regions falling below the WDH target for serving children birth through one.

Ongoing

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2008:

In July of 2008, a stakeholder group that included the State Inter-agency Coordinating Council titled the Early Intervention Council (EIC), decided to revise the target for this indicator so that it stated “to exceed the national baseline of infant and toddlers birth to one with IFSPs as compared to national data”. The national baseline for the single day count between 10/1/2008 and 12/1/2008 was 1.04%. The state of Wyoming has consistently been above the national average for this indicator and felt that this revision would more accurately achieve the intent of this indicator with respect to child find activities. The Wyoming Department of Health will continue to monitor child find and evaluation activities for effectiveness.

Part C State Annual Performance Report (APR) for FFY 2008

Monitoring Priority: Effective General Supervision Part C / Child Find

Indicator 6: Percent of infants and toddlers birth to 3 with IFSPs compared to national data.

(20 U.S.C. 1416(a)(3)(B) and 1442)

Measurement: Percent = [(# of infants and toddler birth to 3 with IFSPs) divided by the (population of infants and toddlers birth to 3)] times 100 compared to national data.

FFY	Measurable and Rigorous Target
2008	To exceed the national baseline of infant and toddlers birth to 3 with IFSPs as compared to national data. The national baseline for the single day count between 10/1/2008 and 12/1/2008 was 2.66%.

Actual Target Data for FFY 2008: 4.59% (1091 divided by 23,759)

Target was met.

Data was collected from the Wyoming Department of Health (WDH) database on all children reported in the December 1, 2008 child count. This number was divided by the population of infants and toddlers birth to three. The national baseline source was taken from the Table C-13 of www.ideadata.org 11/17/2009.

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 2008:

The total percentage of children birth to three receiving services In FFY 2007 was 4.4%.The number of children birth to three receiving services increased to 4.59% in FFY 2008.This is an increase of 0.19%. The WDH did initiate a focus monitoring of child find activities for the state in this age range during FFY 2008. In response to this monitoring, in July of 2008, a stakeholder group that included the State Inter-agency Coordinating Council (EIC) decided to revise the target for this indicator so that it stated the target percentage would “exceed” the national baseline of infants and toddlers birth to three who has an IFSP.” The state of Wyoming has consistently been above the national average for this indicator and felt that this revision would more accurately achieve the intent of this indicator with respect to child find activities. The Wyoming Department of Health (WDH) will continue to monitor child find and evaluation activities for their effectiveness.

The WDH Part C database is a web-based system that was specifically developed to collect and track data on the participation of infants and toddlers with disabilities and their families in the monitoring priority areas identified by the WDH and the Office of Special Education Programs. Data collected at referral and from Individual Family Service Plans (IFSP) for every eligible child and family is entered into the database by local staff. WDH and CDC staffs generate reports on a regular basis to monitor compliance and performance and audit for data validity and reliability.

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The chart below details the referrals of children birth to three to Part C services for FFYs 2006 to 2008:

Referral Source Trend Data for Infants and Toddlers Birth to three	FFY 2006	FFY 2007	FFY 2008
Physicians	17.0%	22.06%	18.75%
Parents	34.1%	37.39%	39.29%
Other Agencies	26.7%	22.45%	22.37%
Hospitals	6.6%	5.34%	4.21%
Public Screenings	15.5%	12.76%	15.37%
Number of Referrals	1630	1011	1685

Improvement Activity 1:

Provide education to physicians throughout the state about Part C services.

Completed

Improvement Activity 2:

Discuss with Family Service Coordinators the need for increased outreach to their local physicians and identify any barriers that they may be facing. Brainstorm ideas of how to improve referrals from the local physicians and follow up with FSCs at the next Annual Conference 2008.

Completed

In order to ensure that the State continues to reach the established targets, this activity has been extended to 2010.

Ongoing

Improvement Activity 3:

In 2008 WDH will continue to work with DFS to develop an agreement that will ensure that a process exists to streamline and increase the number of referrals coming from DFS offices around the State.

Ongoing

Improvement Activity 4:

Work with local inter-agency coordinating councils to ensure that a representative from DFS is participating in the meetings and encourage local inter-agency agreements to be completed.

Ongoing

Improvement Activity 5:

Continue to evaluate the Promotional “One before Two” program and track the number of screenings completed for children from birth to three.

Ongoing

Part C State Annual Performance Report (APR) for FFY 2008Improvement Activity 6:

Provide educational materials in Spanish to ensure information is reaching the Spanish speaking populations throughout the state.

Ongoing

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2008:

The WDH did initiate a focus monitoring of child find activities for the state in this age range during FFY 2008. In response to this monitoring, in July of 2008, a stakeholder group that included the State Inter-agency Coordinating Council (EIC) decided to revise the target for this indicator so that it stated "To exceed the national baseline of infant and toddlers birth to 1 with IFSPs as compared to national data." The national baseline for the single day count between 10/1/2008 and 12/1/2008 was 2.66%. The state of Wyoming has consistently been ahead of the national average for this indicator and felt that this revision would more accurately achieve the intent of this indicator with respect to child find activities. The Wyoming Department of Health will continue to monitor child find and evaluation activities for effectiveness.

Part C State Annual Performance Report (APR) for FFY 2008

Monitoring Priority: Effective General Supervision Part C / Child Find

Indicator 7: Percent of eligible infants and toddlers with IFSPs for whom an evaluation and assessment and an initial IFSP meeting were conducted within Part C's 45-day timeline.

(20 U.S.C. 1416(a)(3)(B) and 1442)

Measurement:

Percent = [(# of infants and toddlers with IFSPs for whom an evaluation and assessment and an initial IFSP meeting was conducted within Part C's 45-day timeline) divided by the (# of infants and toddlers with IFSPs evaluated and assessed for whom an initial IFSP meeting was required to be conducted)] times 100.

Account for untimely evaluations, assessments, and initial IFSP meetings, including the reasons for delays.

FFY	Measurable and Rigorous Target
2005-2011	100% of eligible infants and toddlers with IFSPs for whom an evaluation and assessment and an initial IFSP meeting were conducted within Part C's 45 day timeline.

Actual Target Data for FFY 2008: 97.7% (875 divided by 895)

Target was not met.

In FFY 2008 (July 1, 2008 to June 30, 2009), the review of the WDH database showed that of the initial IFSPs, 97.7%, (875/895) were conducted within the timeline or had acceptable justifications of which 15.4% (138/875) were considered extreme family circumstances such as the family rescheduling or canceling the evaluation, assessment or initial IFSP meeting due to sickness or unavailability of the parent and/or child. The remaining 20 (895-875 = 20) or 2.3% of the delays did not contain acceptable justifications.

The WDH Part C database is a web-based system that was specifically developed to collect and track data on the participation of infants and toddlers with disabilities and their families in the monitoring priority areas identified by the WDH and the Office of Special Education Programs. Data collected at referral and from Individual Family Service Plans (IFSP) for every eligible child and family is entered into the database by local staff. WDH and CDC staffs generate reports on a regular basis to monitor compliance and performance and audit for data validity and reliability.

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 2008:

This actual target data is an increase of 2.1% to 97.7% in FFY 2008 APR from the 95.6% in FFY 2007. Wyoming is very close to the measurable and rigorous target of 100%. Data was collected from the Wyoming Department of Health database. It included documented timeframes on all children with an

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initial IFSP within this time period and written justification for not meeting the required 45 day timeline. WDH validated the indicator data during CDC monitoring reviews and the review of the data by desk audit using the enhanced general supervision system.

All CDCs with children whose initial IFSP meeting was not held within the 45 days due to CDC reasons, were required to write a corrective action plan (CAP) for purposes of this noncompliance identified in the FFY 2008 Annual Performance Report. Timely correction of this noncompliance will be ensured through the enhanced general supervision system. Although this indicator target did improve, the State recognizes that this indicator requires a compliance rate of 100% and will continue to work to improve it's compliance in this area.

Improvement Activity 1:

WDH will target the eleven CDCs that were identified as out of compliance in this indicator. WDH will provide immediate technical assistance as well as request a corrective action plan to be submitted by January 31, 2006. WDH will request quarterly chart reviews to assess timeliness of services throughout the next year with the expectation that the above CDCs will be at 100% compliance. WDH will validate the corrective action plan to ensure compliance by December 2006.

CompletedImprovement Activity 2:

Training on what is considered timely early intervention services will be provided on an individual basis, to each CDC director by December 15, 2005. Training will also include what the state would consider acceptable justifications for not meeting the 45-day timeframe. In addition, training on this indicator was presented at the Fall 2005, TA Series and Guidance Video Conferences, which occurred in November, WDH Annual Conference in January 2006 and the August 2006 Pre-Service Conference. Participants at these trainings will include CDC directors and direct service staff.

CompletedImprovement Activity 3:

WDH will continue to track this data regionally. This data will be collected annually through the self-assessment process as well as completing four to five regional monitoring reviews yearly to validate data already submitted and increase number of files reviewed. All CDCs will be monitored every three years or focus driven monitoring. Technical assistance will be made available as needed.

Ongoing**Correction of FFY 2007 Findings of Noncompliance (if State reported less than 100% compliance):**

Level of compliance (actual target data) State reported for FFY 2007 for this indicator: 95.6%

Correction of FFY 2007 Findings of Noncompliance:

1. Number of findings of noncompliance the State made during FFY 2007 (the period from July 1, 2007, through June 30, 2008)	1
2. Number of FFY 2007 findings the State verified as timely corrected (corrected within one year from the date of notification to the EIS program of the finding)	1
3. Number of FFY 2007 findings <u>not</u> verified as corrected within one year [(1) minus	0

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Correction of FFY 2007 Findings of Noncompliance Not Timely Corrected (corrected more than one year from identification of the noncompliance):

4. Number of FFY 2007 findings not timely corrected (same as the number from (3) above)	0
5. Number of FFY 2007 findings the State has verified as corrected beyond the one-year timeline ("subsequent correction")	0
6. Number of FFY 2007 findings <u>not</u> verified as corrected [(4) minus (5)]	0

The WDH has verified that the CDC identified as out of compliance for Indicator 7 in the FFY 2007 APR is, (1) correctly implementing the specific regulatory requirements; and (2) has conducted the initial evaluation, assessment, and IFSP meeting, although late, unless the child is no longer within the jurisdiction of the EIS program, consistent with OSEP Memorandum 09-02, dated October 17, 2008.

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2008: N/A

Part C State Annual Performance Report (APR) for FFY 2008

Monitoring Priority: Effective General Supervision Part C / Effective Transition

Indicator 8: Percent of all children exiting Part C who received timely transition planning to support the child's transition to preschool and other appropriate community services by their third birthday including:

- A. IFSPs with transition steps and services;
- B. Notification to LEA, if child potentially eligible for Part B; and
- C. Transition conference, if child potentially eligible for Part B.

(20 U.S.C. 1416(a)(3)(B) and 1442)

Measurement:

- A. Percent = [(# of children exiting Part C who have an IFSP with transition steps and services) divided by the (# of children exiting Part C)] times 100.
- B. Percent = [(# of children exiting Part C and potentially eligible for Part B where notification to the LEA occurred) divided by the (# of children exiting Part C who were potentially eligible for Part B)] times 100.
- C. Percent = [(# of children exiting Part C and potentially eligible for Part B where the transition conference occurred) divided by the (# of children exiting Part C who were potentially eligible for Part B)] times 100.

Account for untimely transition conferences, including reasons for delays.

FFY	Measurable and Rigorous Target for sub-indicator A
2005-2011	100% children exiting Part C will have an IFSP with transition steps and services.

Actual Target Data for FFY 2008: 97.7% (640 divided by 655)

Target was not met.

In FFY 2008, 655 children exiting Part C were determined available for an IFSP with transition steps and services for purposes of the APR calculations during the period of July 1, 2008 and June 30, 2009. In all, a total of 640 plans were developed before the child exited Part C services ($640/655 = 97.7\%$) during this timeframe. The remaining 15 child files did not contain documentation of a transition plan being developed. The WDH recognizes that these sub-indicators are to be of 100% compliance.

FFY	Measurable and Rigorous Target for sub-indicator B
2005-2011	100% children exiting Part C and potentially eligible for Part B will have notification to the LEA.

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Actual Target Data for FFY 2008: 90.33% (374 divided by 414)

Target was not met.

In FFY 2008, (July 1, 2008 to June 30, 2009), there were 414 children exiting Part C and potentially eligible for Part B who had referrals greater than ninety days before the child turned three. The LEA received notification for 374 or 90.33% (374/414) of those children. The children potentially eligible for Part B were identified to the regional directors by Part C staff. All children who are potentially eligible for Part B are designated as potentially Part B eligible in the WDH enhanced database and by documenting the date of notification of the LEA on the Transition Plan. This data was taken from the time period of July 1, 2008 to June 30, 2009.

There were zero (0) conferences delayed or not held due to the family not providing approval to conduct the transition conference. Wyoming does not have an “opt-out policy” on file with OSEP

FFY	Measurable and Rigorous Target for sub-indicator C
2005-2011	100% children exiting Part C and potentially eligible for Part B will have timely transition conference.

Actual Target Data for FFY 2008: 90.82% (376 divided by 414)

Target was not met.

In FFY 2008 414 children exiting Part C who had a referral 90 days before age three to the Part B program were considered as potentially eligible. Of the 414 who were potentially eligible for Part B, 290 had a timely transition conference prior to exit and 86 had acceptable justifications of extreme family circumstances for not holding a conference within that timeline (290 + 86 = 376). 38 child files, or 9.1% (38/414), did not contain justifications that were acceptable for the delay.

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 2008:

In sub-indicator 8A, the compliance was 99.8% in FFY 2007. In FFY 2008 the compliance rate for this sub-indicator was 97.7%. This is a decrease of 2.1%. It is believed that this decrease is due to the lack of documentation of the data required in the state data system. In the past data collection for previous APRs, regionally CDC were required to document this activity for all eligible children with transition steps and services even if the IFSP was completed before the child turned three in the statewide data system. All CDCs that had children whose transition steps and services were not completed or correctly documented due to CDC reasons will be required to write a corrective action plan (CAP) for purposes of this noncompliance identified in the FFY 2008 Annual Performance Report. Timely correction of this noncompliance will be ensured through the enhanced general supervision system.

In sub-indicator 8B, Wyoming has shown a decrease from FFY 2007 APR compliance rate of 100% to 90.33% in FFY 2008 APR. This is a decrease of 9.67%. It is believed that this decrease is due to the lack of documentation of the data now required in the state data system. In the data collection for previous

Part C State Annual Performance Report (APR) for FFY 2008

APRs, there was not a specific place for documentation of this notification in the statewide data system. The documentation of this notification now requires that the date of notification is included on each transition plan of each child who is potentially eligible for Part B. All IFSPs, including the transition plans, are entered into the WDH data system.

In sub-indicator 8C, the compliance rate for FFY 2007 APR was 95.9%. In FFY 2008, the compliance rate for this indicator is 90.82%. This is a decrease of 5.08%. The information included in the FAQ provided by OSEP at the Early Childhood Conference in December of 2009 that states “late referral” as less than ninety days before age three has further clarified the data WDH considers as late referral for purposes of compliance.

The data for the Wyoming APR has improved and the timeline between the referral and the transition conference for children two and over is looked at with more scrutiny than before. This accounts for more transition data considered out of compliance that had referrals greater than 90 days before the child turned three. Most CDCs, who had referrals that were close to the ninety day cut off for consideration of late referral, completed the initial and the transition conference within 45 days after the referral. All CDCs that had children whose transition steps and services were not completed within the timeframe due to CDC reasons will be required to write a corrective action plan (CAP) for purposes of this noncompliance identified in the FFY 2008 Annual Performance Report. Timely correction of this noncompliance will be ensured through the enhanced general supervision system

The WDH recognizes that these sub-indicators are to be of 100% compliance.

The WDH Part C database is a web-based system that was specifically developed to collect and track data on the participation of infants and toddlers with disabilities and their families in the monitoring priority areas identified by the WDH and the Office of Special Education Programs. Data collected at referral and from Individual Family Service Plans (IFSP) for every eligible child and family is entered into the database by local staff. WDH and CDC staffs generate reports on a regular basis to monitor compliance and performance and audit for data validity and reliability.

Improvement Activity 1:

WDH will immediately investigate the root cause of what the data is showing. WDH will investigate with regions and the data consultant, potential issues with submitting accurate data, obstacles to providing timely transition services and any other issue that would create such low percentages. WDH will target all regions and provide immediate technical assistance as well as request a corrective action plan to be submitted by January 2006. WDH will request quarterly chart reviews to assess transition serves throughout the next year with the expectation that all regions will be within 100% compliance. WDH will validate the corrective action plan to ensure compliance by December 2006.

WDH will submit an update of the corrective actions in the February 2007, APR

Completed

Improvement Activity 2:

Technical Assistance will be provided to all regional staff on timely transitions. Training will include: Issues that are identified from the root cause analysis of data reported. Database guidance to be distributed to the regional child development centers by January 31, 2006. The WDH has already completed a series of videoconferences to begin addressing the data entry errors. Over 250 staff members from child development centers attended the videoconferences. Transition planning workshops were provided to Part C family service coordinators at the Early Intervention and Education Program annual conference in January 2006 and August 2006. Training clarified the expectations and requirements of transition planning for children exiting Part C.

Completed

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In order to ensure compliance with this indicator, continued Technical Assistance will be provided to the CDCs that have fallen below the target of 100% and at the State annual conference.

OngoingImprovement Activity 3:

Ongoing monitoring for this indicator will occur through the WDH database. A quarterly review of the database will occur to identify any potential noncompliance within a CDC so that any concerns can be resolved or corrected within a timely manner.

Completed

Beginning in May 2007, WDH will be able to collect real time data for all CDCs through the new Citrix server.

OngoingImprovement Activity 4:

The WDH revised the current Transition Plan in the database to allow for an individualized transition plan that meets the needs of children who are transitioning from Part C to Part B as well as those children who are not eligible for Part B who are exiting Part C. The revisions occurred by May 2007 and guidance was provided to Child Development Center staff.

Completed**Response to June 2008 OSEP Response Table: Correction of Noncompliance through state monitoring and technical assistance activities:****Correction of FFY 2007 Findings of Noncompliance:**

1. Number of findings of noncompliance the State made during FFY 2007 (the period from July 1, 2007, through June 30, 2008)	2
2. Number of FFY 2007 findings the State verified as timely corrected (corrected within one year from the date of notification to the EIS program of the finding)	2
3. Number of FFY 2007 findings <u>not</u> verified as corrected within one year [(1) minus (2)]	0

Correction of FFY 2007 Findings of Noncompliance Not Timely Corrected (corrected more than one year from identification of the noncompliance):

4. Number of FFY 2007 findings not timely corrected (same as the number from (3) above)	0
5. Number of FFY 2007 findings the State has verified as corrected beyond the one-year timeline ("subsequent correction")	0
6. Number of FFY 2007 findings <u>not</u> verified as corrected [(4) minus (5)]	0

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The WDH has verified that the one CDC identified as out of compliance for Indicator 8 in the FFY 2007 APR is, correctly implementing the specific regulatory requirements; and has developed an IFSP with transition steps and services for each child, although late, and has conducted a transition conference for each child eligible for Part B, although late, unless the child is no longer within the jurisdiction of the EIS program, consistent with OSEP Memorandum 09-02, dated October 17, 2008. One of the findings was for Indicator 8A and one of the findings was for Indicator 8C.

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2008: N/A

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Monitoring Priority: Effective General Supervision Part C / General Supervision

Indicator 9: General supervision system (including monitoring, complaints, hearings, etc.) identifies and corrects noncompliance as soon as possible but in no case later than one year from identification.

(20 U.S.C. 1416(a)(3)(B) and 1442)

Measurement:

Percent of noncompliance corrected within one year of identification:

- a. # of findings of noncompliance.
- b. # of corrections completed as soon as possible but in no case later than one year from identification.

Percent = [(b) divided by (a)] times 100.

States are required to use the "Indicator 9 Worksheet" to report data for this indicator (see Attachment A).

FFY	Measurable and Rigorous Target
2005-2011	100% of noncompliance will be identified and corrected as soon as possible but in no case later than one year from identification.

Actual Target Data for FFY 2008: 100% (10 divided by 10)

Target was met.**Describe the process for selecting EIS programs for Monitoring:**

Wyoming Department of Health (WDH) reviewed the general supervision system strategies and developed a more focused system for identifying which CDCs will be reviewed on site during each year. Rather than cyclical monitoring, WDH has implemented a new system that incorporates the data and allows the WDH to identify issues prior to the on site review. Prior to the on site visit; an electronic desk audit occurred during which 100% of that CDC's files were reviewed. Any findings or concerns identified during the desk audit were discussed with the CDC and verified during the on site visit. On site monitoring has occurred for four CDCs during the FFY 2007 monitoring cycle. Follow-up occurred in FFY 2008 to verify that correction had occurred.

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 2008:

In FFY 2007 APR the compliance rate for this indicator was 66.6%. In FFY 2008 APR, the compliance rate was 100%; this is an increase of 33.4% from 66.6% compliance rate. This increase was due to the State implementation of a revised monitoring system and the development of a more focused system that incorporates the data and allows the WDH to identify issues prior to the on site review. Any findings or concerns identified were corrected within one year of notification and was verified by WDH through the

Part C State Annual Performance Report (APR) for FFY 2008

updated sample of data provided by the CDCs. WDH also ensures the correction of individual instances of noncompliance for each indicator whenever possible.

Improvement Activity 1:

Track future non-compliance issues by utilizing the new chart review form. Aggregate the data compiled through chart reviews completed during self-assessments and on-site monitoring visits.

Ongoing

Improvement Activity 2:

Ensure that the corrective action plans are completed as noncompliance issues are identified and that these plans align with the areas of non-compliance. WDH to provide technical assistance in the completion of those corrective action plans.

Ongoing

Improvement Activity 3:

Upon approval of the Corrective Action Plan submitted by a Region with identified noncompliance, the WDH Part C Coordinator outlines expectations and mechanisms for verifying that correction has occurred within one year of identification. This is communicated to the Region through a letter that accompanies the approved action plan.

Ongoing

Improvement Activity 4:

Develop a Corrective Action Tracking form to be used by WDH by January 31, 2006. This tracker will allow for tracking of areas of non-compliance, dates of monitoring reviews, dates of completion of the corrective action plan and any follow-up that occurred by WDH to ensure that the regional program was in 100% compliance in the areas identified.

Completed

Improvement Activity 5:

Include a procedure, in the monitoring protocol, that ensures a review of parent complaints, prior monitoring reports and any corrective action plans that were developed in previous years. Revisions to the monitoring protocol will occur by January 31, 2006.

Completed

Improvement Activity 6:

Create a Parent Complaint Tracking form that will identify region, area of non-compliance, date of the complaint, the date of mediation or due process hearing and information around how the complaint was resolved. Tracking form will be completed by January 31, 2006.

Completed

Improvement Activity 7:

Child Development Centers piloted the new self-assessment tool beginning in August of 2007. Once the pilot of the self-assessment was completed, the process was evaluated with stakeholder input. All corrective actions identified in FFY 2006 have been verified through the data provided by the CDCs,

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monitoring through the enhanced data system, annual self assessments, quarterly record reviews by CDCs, quarterly data reviews, and on site monitoring.

Completed

Improvement Activity 8:

The WDH piloted root cause analysis processes and tools during on-site monitoring visits in four (4) CDCs during the time frame of November 2007 through May 2008.

Completed

Improvement Activity 9:

WDH piloted the use of a revised corrective action plan (CAP) form that included the state developing evidence of change statements for at least 4 CDCs with CAPs during the February 2008 through June 2008 reviews.

Completed

Improvement Activity 10:

WDH finalized the new monitoring tools and processes piloted in preparation for statewide implementation in 2008. These activities were completed in May 2008.

Completed

Improvement Activity 11:

WDH trained the CDC staff on the revised general supervision and monitoring process, forms and expectations, use of data for improvement in April 2008. These activities were completed by May 2008 with guidance from NECTAC.

Completed

Improvement Activity 12:

WDH and the CDCs have implemented the revised general supervision and monitoring process and forms statewide. The new general supervision process and forms will be implemented through FFY 2010.

Ongoing

Response to June 2008 OSEP Response Table: Correction of Noncompliance through state monitoring and technical assistance activities:

Correction of FFY 2007 Findings of Noncompliance:

1. Number of findings of noncompliance the State made during FFY 2007 (the period from July 1, 2007 through June 30, 2008) (Sum of Column a on the Indicator C 9 Worksheet)	10
2. Number of findings the State verified as timely corrected (corrected within one year from the date of notification to the EIS programs of the finding) (Sum of Column b on the Indicator C 9 Worksheet)	10
3. Number of findings <u>not</u> verified as corrected within one year [(1) minus (2)]	0

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Correction of FFY 2007 Findings of Noncompliance Not Timely Corrected (corrected more than one year from identification of the noncompliance):

4. Number of FFY 2007 findings not timely corrected (same as the number from (3) above)	0
5. Number of findings the State has verified as corrected beyond the one-year timeline ("subsequent correction")	0
6. Number of findings <u>not</u> yet verified as corrected [(4) minus (5)]	0

The WDH has verified that the CDCs identified as out of compliance for Indicator 9 in the FFY 2007 APR are, (1) correctly implementing the specific regulatory requirements; and consistent with OSEP Memorandum 09-02, dated October 17, 2008.

Actions Taken if Noncompliance Not Corrected

N/A

Verification of Correction (either timely or subsequent)

All correction of noncompliance was verified by WDH through the updated sample of data provided by the CDCs annual monitoring through the enhanced data system and annual self-assessment, quarterly record reviews conducted by CDCs, quarterly data reviews, and on site monitoring. In addition to verification the correction of findings, WDH also ensures the correction of individual instances of noncompliance for each indicator. If the individual instances are not correctable, such as completing evaluation within 45-day timeline, verification is conducted through these activities to assure that the evaluation was completed even though it was late.

The WDH Part C database is a web-based system that was specifically developed to collect and track data on the participation of infants and toddlers with disabilities and their families in the monitoring priority areas identified by the WDH and the Office of Special Education Programs. Data collected at referral and from Individual Family Service Plans (IFSP) for every eligible child and family is entered into the database by local staff. WDH and CDC staffs generate reports on a regular basis to monitor compliance and performance and audit for data validity and reliability.

Correction of Remaining FFY 2006 Findings of Noncompliance (if applicable)

If the State reported <100% for this indicator in its FFY 2006 APR and did not report that the remaining FFY 2006 findings were subsequently corrected, provide the information below:

Part C State Annual Performance Report (APR) for FFY 2008

1. Number of remaining FFY 2006 findings noted in OSEP's June 1, 2009 FFY 2007 APR response table for this indicator	10
2. Number of remaining FFY 2006 findings the State has verified as corrected	10
3. Number of remaining FFY 2006 findings the State has NOT verified as corrected [(1) minus (2)]	0

Correction of Any Remaining Findings of Noncompliance from FFY 2005 or Earlier (if applicable)

N/A

Additional Information Required by the OSEP APR Response Table (if applicable)

Statement from the Response Table	State's Response
The State must review its improvement activities and revise them, if appropriate, to ensure they will enable the State to provide data in the FFY 2008 APR, due February 1, 2010, demonstrating that the State timely corrected noncompliance identified by the State in FFY 2007, in accordance with IDEA section 635(a) (10) (A) and 34 CFR 303.501(b) and OSEP memo 09-02.	All correction of noncompliance was verified by WDH through the updated sample of data provided by the CDCs annual monitoring using the enhanced data system, annual self-assessment, quarterly record reviews conducted by CDCs, quarterly data reviews, and on site monitoring. In addition to verification of the correction of findings, WDH also ensures the correction of individual instances of noncompliance for each indicator whenever possible.
In reporting on correction of noncompliance, the State must report that it has: (1) corrected all instances of noncompliance (2) verified that each EIS program identified noncompliance is correctly implementing the specific regulatory requirements, consistent with OSEP Memo 09-02	In the instance of the one CDC that did not timely correct it's noncompliance findings until fifteen months after identification, the WDH notified the CDC of this infraction and gave the CDC a determination of "Needs Assistance" with the requirement of a focused technical assistance plan.

Revisions, with Justification, to Improvement Activities / Timelines / Resources for FFY 2008:

N/A

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INDICATOR C-9 WORKSHEET

Indicator/Indicator Clusters	General Supervision System Components	# of EIS Programs Issued Findings in FFY 2007 (7/1/07 through 6/30/08)	(a) # of Findings of noncompliance identified in FFY 2007 (7/1/07 through 6/30/08)	(b) # of Findings of noncompliance from (a) for which correction was verified no later than one year from identification
1. Percent of infants and toddlers with IFSPs who receive the early intervention services on their IFSPs in a timely manner	Monitoring Activities: Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or Other	0	0	0
	Dispute Resolution: Complaints, Hearings	0	0	0
2. Percent of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings	Monitoring Activities: Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or Other	2	2	2
	Dispute Resolution: Complaints, Hearings	0	0	0
3. Percent of infants and toddlers with IFSPs who demonstrate improved outcomes	Monitoring Activities: Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or Other	0	0	0
	Dispute Resolution: Complaints, Hearings	0	0	0

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Indicator/Indicator Clusters	General Supervision System Components	# of EIS Programs Issued Findings in FFY 2007 (7/1/07 through 6/30/08)	(a) # of Findings of noncompliance identified in FFY 2007 (7/1/07 through 6/30/08)	(b) # of Findings of noncompliance from (a) for which correction was verified no later than one year from identification
4. Percent of families participating in Part C who report that early intervention services have helped the family	Monitoring Activities: Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or Other	0	0	0
	Dispute Resolution: Complaints, Hearings	0	0	0
5. Percent of infants and toddlers birth to 1 with IFSPs 6. Percent of infants and toddlers birth to 3 with IFSPs	Monitoring Activities: Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or Other	0	0	0
	Dispute Resolution: Complaints, Hearings	0	0	
7. Percent of eligible infants and toddlers with IFSPs for whom an evaluation and assessment and an initial IFSP meeting were conducted within Part C's 45-day timeline.	Monitoring Activities: Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or Other	1	1	1
	Dispute Resolution: Complaints, Hearings	0	0	0
8. Percent of all children exiting Part C who received timely transition planning to support the child's transition to preschool and other appropriate community services by their third birthday including: A. IFSPs with transition steps and services;	Monitoring Activities: Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or Other	1	1	1
	Dispute Resolution: Complaints, Hearings	0	0	0

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Indicator/Indicator Clusters	General Supervision System Components	# of EIS Programs Issued Findings in FFY 2007 (7/1/07 through 6/30/08)	(a) # of Findings of noncompliance identified in FFY 2007 (7/1/07 through 6/30/08)	(b) # of Findings of noncompliance from (a) for which correction was verified no later than one year from identification
8. Percent of all children exiting Part C who received timely transition planning to support the child's transition to preschool and other appropriate community services by their third birthday including: B. Notification to LEA, if child potentially eligible for Part B; and	Monitoring Activities: Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or Other	0	0	0
	Dispute Resolution: Complaints, Hearings	0	0	0
8. Percent of all children exiting Part C who received timely transition planning to support the child's transition to preschool and other appropriate community services by their third birthday including: C. Transition conference, if child potentially eligible for Part B.	Monitoring Activities: Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or Other	1	1	1
	Dispute Resolution: Complaints, Hearings	0	0	0
OTHER AREAS OF NONCOMPLIANCE: Parent Consent	Monitoring Activities: Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or Other	3	3	3
	Dispute Resolution: Complaints, Hearings	0	0	0
OTHER AREAS OF NONCOMPLIANCE: Prior written notice	Monitoring Activities: Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or Other	1	1	1

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Indicator/Indicator Clusters	General Supervision System Components	# of EIS Programs Issued Findings in FFY 2007 (7/1/07 through 6/30/08)	(a) # of Findings of noncompliance identified in FFY 2007 (7/1/07 through 6/30/08)	(b) # of Findings of noncompliance from (a) for which correction was verified no later than one year from identification
	Dispute Resolution: Complaints, Hearings	0	0	0
OTHER AREAS OF NONCOMPLIANCE: Informed Clinical Opinion	Monitoring Activities: Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or Other	1	1	1
	Dispute Resolution: Complaints, Hearings	0	0	0
Sum the numbers down Column a and Column b			10	10

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Monitoring Priority: Effective General Supervision Part C / General Supervision

Indicator 10: Percent of signed written complaints with reports issued that were resolved within 60-day timeline or a timeline extended for exceptional circumstances with respect to a particular complaint.

(20 U.S.C. 1416(a)(3)(B) and 1442)

Measurement:

Percent = [(1.1(b) + 1.1(c)) divided by 1.1] times 100.

FFY	Measurable and Rigorous Target
2005-2011	100% of signed written complaints will be resolved within a sixty (60) day timeline or a timeline extended for exceptional circumstances with respect to a particular complaint.

Actual Target Data for FFY 2008: The WDH received zero (0) signed written complaints

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 2008:

Wyoming received no written complaints for the FFY 2008. It is important to continue educating parents about the complaint process and tracking the responses to these complaints. Additionally, it remains important to have qualified personnel ready to facilitate the complaint process in the CDC and in the State office.

The WDH Part C database is a web-based system that was specifically developed to collect and track data on the participation of infants and toddlers with disabilities and their families in the monitoring priority areas identified by the WDH and the Office of Special Education Programs. Data collected at referral and from Individual Family Service Plans (IFSP) for every eligible child and family is entered into the database by local staff. WDH and CDC staffs generate reports on a regular basis to monitor compliance and performance and audit for data validity and reliability.

Improvement Activity 1:

WDH staff provided guidance to all Child Development Centers regarding procedural safeguards. This activity has been extended through 2011.

Ongoing

Part C State Annual Performance Report (APR) for FFY 2008Improvement Activity 2:

Training to staff yearly: The training will include a review of the updated Wyoming procedural safeguards and an orientation on how to explain this information to parents (Uplift and PIC).

Ongoing

Improvement Activity 3:

Modify the WDH complaint log to include date of complaint, area of non-compliance, follow-up completed by WDH (to include specifics around information that was gathered during the follow-up investigation to show evidence of non-compliance) and corrective actions to be taken.

Ongoing

Improvement Activity 4:

Post the Part C Parent Handbook on the WDH website so that it's easily accessible to the public. The Part C Parent Handbook will be placed on the WDH website upon the completion of the public comment period (January 30, 2007) for the Revised Part C Policies which include the adoption of the Part C dispute resolution requirements. Updated Procedural Safeguards will be included in the handbook.

Completed

Improvement Activity 5:

Annually report summaries of complaints received, mediations completed and due process hearings to Wyoming Early Intervention Council by August 31st of each year.

Ongoing

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2008: N/A

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TABLE 4

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REPORT OF DISPUTE RESOLUTION UNDER PART C, OF THE
INDIVIDUALS WITH DISABILITIES EDUCATION ACT
2006-07 Data

OMB NO.: 1820-0678

FORM EXPIRES: 11/30/2009

STATE: Wyoming

SECTION A: Written, signed complaints	
(1) Written, signed complaints total	0
(1.1) Complaints with reports issued	0
(a) Reports with findings	0
(b) Reports within timeline	0
(c) Reports within extended timelines	0
(1.2) Complaints withdrawn or dismissed	0
(1.3) Complaints pending	0
(a) Complaint pending a due process hearing	0

SECTION B: Mediation requests	
(2) Mediation requests total	0
(2.1) Mediations	
(a) Mediations related to due process	0
(i) Mediation agreements	0
(b) Mediations not related to due process	0
(i) Mediation agreements	0
(2.2) Mediations not held (including pending)	0

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SECTION C: Hearing requests	
(3) Hearing requests total	0
(3.1) Resolution sessions (For States adopted Part B Procedures)	0
(a) Settlement agreements	0
(3.2) Hearings (fully adjudicated)	0
(a) Decisions within timeline SELECT timeline used {30 day/Part C 45 day/Part B 45 day}:	0 Select on DP Hearings Worksheet
(b) Decisions within extended timeline (only applicable if using Part B due process hearing procedures).	0
(3.3) Resolved without a hearing	0

Part C State Annual Performance Report (APR) for FFY 2008

Monitoring Priority: Effective General Supervision Part C / General Supervision

Indicator 11: Percent of fully adjudicated due process hearing requests that were fully adjudicated within the applicable timeline.

(20 U.S.C. 1416(a) (3) (B) and 1442)

Measurement:

Percent = (3.2(a) + 3.2(b) divided by (3.2) times 100

FFY	Measurable and Rigorous Target
2005-2011	100% of fully adjudicated due process hearing requests will be fully adjudicated within the applicable timeline.

Actual Target Data for FFY 2008: The WDH received zero (0) request for due process hearings.

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 2008:

Wyoming received zero (0) requests for due process hearings, therefore zero (0) required adjudication. Although no due process hearings occurred during the reporting period, Wyoming Department of Health (WDH) feels it is important to implement strategies to ensure that parents understand their rights and the dispute resolution process.

The WDH Part C database is a web-based system that was specifically developed to collect and track data on the participation of infants and toddlers with disabilities and their families in the monitoring priority areas identified by the WDH and the Office of Special Education Programs. Data collected at referral and from Individual Family Service Plans (IFSP) for every eligible child and family is entered into the database by local staff. WDH and CDC staffs generate reports on a regular basis to monitor compliance and performance and audit for data validity and reliability.

Improvement Activity 1:

Training to parents: The WDH has contracted with the Parent Information Center to hold an Annual Conference starting in 2006 for parents. Training topics will include IDEA in relation to parental rights as well as written and verbal information regarding WDH parent complaint policies. The conference will include presentations on how to advocate for your child, from UPLIFT a parent advocacy group in Wyoming.

Ongoing

Part C State Annual Performance Report (APR) for FFY 2008Improvement Activity 2:

Training to staff: The WDH is holding a conference in August 2006 and January 2006. Part of the training will include a review of the updated Wyoming procedural safeguards and an orientation on how to explain this information to parents.

Completed

Improvement Activity 3:

Continued Training to Hearing Officers. WDH is working with the Department of Education to train new Hearing Officers as well as provide training in changes to IDEA for Part C and Part B 619 programs. Training will occur in 2006.

Completed

Improvement Activity 4:

Post the Part C Parent Handbook on the WDH website so that it's easily accessible to the public. The Part C Parent Handbook will be placed on the WDH website upon the completion of the public comment period (January 30, 2007) for the Revised Part C Policies which include the adoption of the Part C dispute resolution requirements. Updated Procedural Safeguards will be included in the handbook.

Completed

Improvement Activity 5:

Annually report summaries of complaints received, mediations completed and due process hearings to Wyoming Early Intervention Council by August 31st of each year. The Annual Performance Report for FFY 2008 was provided to the Wyoming Early Intervention Council during their quarterly meeting held on January 20, 2010.

Completed

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2008: N/A

Part C State Annual Performance Report (APR) for FFY 2008

Monitoring Priority: Effective General Supervision for Part C/ General Supervision

Indicator 12: Percent of hearing requests that went to resolution sessions that were resolved through resolution session settlement agreements (applicable if Part B due process procedures is adopted).

(20 U.S.C. 1416(a) (3) (B) and 1442)

Measurement:

Percent = 3.1(a) divided by (3.1) times 100.

FFY	Measurable and Rigorous Target
2005-1011	100% of hearing requests that go to resolution sessions will be resolved through resolution session settlement agreements.

Actual Target Data for FFY 2008:

WDH received zero (0) hearing requests; therefore, there were no resolution sessions.

Overview of Issues/Descriptions of System or Process

2006 update: In 2006 WDH considered adopting Part C procedures but did not formally do so. WDH is currently in the process of reviewing policies and will clarify use of Part B procedures.

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2008: N/A

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Monitoring Priority: Effective General Supervision Part C / General Supervision

Indicator 13: Percent of mediations held that resulted in mediation agreements.

(20 U.S.C. 1416(a) (3) (B) and 1442)

Measurement:

Percent = [2.1(a)(i) + 2.1(b)(i) divided by 2.1] times 100

FFY	Measurable and Rigorous Target
2005-1011	100% of mediations held will result in mediation agreements.

Actual Target Data for FFY 2008: The WDH received zero (0) requests for mediations.

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2008:

State Performance Plan response letter to Wyoming Department of Health, the State's targets and improvement activities are not included, as the number of mediations for FFY 2008 is less than ten (10). If the State reaches a threshold of ten (10) or more mediation requests, the State will set measurable and rigorous targets and improvement activities at that time as OSEP guidance indicates.

The WDH Part C database is a web-based system that was specifically developed to collect and track data on the participation of infants and toddlers with disabilities and their families in the monitoring priority areas identified by the WDH and the Office of Special Education Programs. Data collected at referral and from Individual Family Service Plans (IFSP) for every eligible child and family is entered into the database by local staff. WDH and CDC staffs generate reports on a regular basis to monitor compliance and performance and audit for data validity and reliability.

Part C State Annual Performance Report (APR) for FFY 2008

Monitoring Priority: Effective General Supervision for Part C/ General Supervision

Indicator 14: State reported data (618 and State Performance Plan and Annual Performance Report) are timely and accurate.

(20 U.S.C. 1416(a) (3) (B) and 1442):

Measurement: State reported data, including 618 data, State performance plan, and annual performance reports, are:

- a. Submitted on or before due dates (February 1 for child count and settings and November 1 for exiting and dispute resolution); and
- b. Accurate, including covering the correct year and following the correct measurement.

States are required to use the “Indicator 14 Data Rubric” for reporting data for this indicator.

FFY	Measurable and Rigorous Target
2005-2011	100% of state reported data (618 and State Performance Plan and Annual Performance Report) are timely and accurate.

Actual Target Data for FFY 2008: 100%

Target was met.

Timeliness and accuracy are **100 %** for FFY 2008. All reports, including the Annual Performance Report, State Performance Plan, and all three 618 data tables were submitted on or before the due date.

Part C State Annual Performance Report (APR) for FFY 2008

Part C Indicator 14 Data Rubric

Indicator 14 - SPP/APR Data			
APR Indicator	Valid and reliable	Correct calculation	Total
1	1	1	2
2	1	1	2
3	1	1	2
4	1	1	2
5	1	1	2
6	1	1	2
7	1	1	2
8A	1	1	2
8B	1	1	2
8C	1	1	2
9	1	1	2
10	1	1	2
11	1	1	2
12	1	1	2
13	1	1	2
		Subtotal	30
APR Score Calculation	Timely Submission Points (5 pts for submission of APR/SPP by February 1, 2010)		5
	Grand Total		35

Part C State Annual Performance Report (APR) for FFY 2008

Indicator 14 - 618 Data					
Table	Timely	Complete Data	Passed Edit Check	Responded to Date Note Requests	Total
Table 1 – Child Count Due Date: 2/1/___	1	1	1	1	4
Table 2 – Settings Due Date: 2/1/___	1	1	1	1	4
Table 3 – Exiting Due Date: 11/1/___	1	1	1	NA	3
Table 4 – Dispute Resolution Due Date: 11/1/___	1	1	1	N/A	3
				Subtotal	14
			Weighted Total (subtotal X 2.5)		35
Indicator # 14 Calculation					
			A. APR Total	35	35
			B. 618 Total	35	35
			C. Grand Total	70	70
Percent of timely and accurate data = (C divided by 70 times 100)			(C) / (70) X 100 =		100%

Part C State Annual Performance Report (APR) for FFY 2008**Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 2008:**

WDH target data is **100%** for FFY 2008. The State Performance Plan, Annual Performance Report, 618 Data Table 1 and 618 Data Table 2 was accurate and timely. The 618 data table for exit submitted on November 1, 2009 was accurate at the time of submission.

The Wyoming Early Intervention Council (EIC) and the Wyoming Child Development Services (CDS) participated in several meetings and conference calls to ensure the accuracy for the February 2010 submission of the State Annual Performance Report. Both stakeholder groups participated to provide input and recommendations for this submission of the Annual Performance Report. The Annual Performance Report was developed and reviewed for accuracy by the Wyoming Department of Health (WDH) staff.

WDH currently uses multiple data collection mechanisms including the electronic database system, self-assessments and on site monitoring to validate the accuracy of the child specific data reported in the electronic database. Any unusual findings in the data collected through these sources are identified and investigated to resolve any concerns with data accuracy prior to the submission of the 618 tables and Annual Performance Report. Through the electronic database system, the data can be analyzed as a whole or disaggregated by CDC regions and the sites within a CDC. This enables the WDH to be able to determine strengths and areas of need. The database system enhances the ability for the timely and accurate collection of required information which is reported to the Office of Special Education Programs.

❖ **Child Outcome Summary Form**

Wyoming is using the Child Outcome Summary Form (COSF) developed by Early Childhood Outcomes Center (ECO) to collect data on child outcomes for Indicator 3. This form has been revised to include Wyoming specific information such as the CDC location, and whether the child is receiving services under Part C or Part B (WDH is an Intermediate Education Unit under Wyoming Department of Education and is responsible for the implementation of Part B Preschool Special Education and Related Services for children three through five years of age). Wyoming has provided training and technical assistance to administrators and providers across the regional CDCs to ensure consistent use of the data collection form. The WDH form also includes the “decision tree” to ensure accuracy and reliability in the data collection for this indicator. Finally, the WDH reviewed the data submitted and checked for accuracy and completeness and investigates any concerns identified regarding the data collected. The WDH has embedded quality assurance mechanisms regarding the COSF into ongoing monitoring processes.

❖ **State of Wyoming Part C Family Survey – Early Intervention**

WDH provided a survey that used selected questions from a NCSEAM Early Intervention bank of suggested questions for Part C as the basis for our family survey. This family survey was used to collect data for Indicator 4. Surveys are clear and family friendly, and have been translated into Spanish to provide all families with the opportunity to provide feedback. Each CDC developed an implementation plan for the Part C Family Survey. Reports based on the data collected have been sent to each Child Development Center director. CDCs have been asked to review their results, and make revisions to their implementation plans if necessary to increase the percentage of completed surveys.

❖ **The Wyoming Part C Self Assessment**

This form was redesigned and implemented in 2007 to be more clear and straightforward. Data collected is crosschecked with the electronic database to ensure accuracy. Any unusual findings are investigated

Part C State Annual Performance Report (APR) for FFY 2008

and corrected prior to data submission to OSEP. A guidance document and sample was sent to each CDC in July 2007. All CDCs submitted their self-assessment results to the State in October 2008.

❖ **Part C File Review Checklist**

This form was developed with assistance from NECTAC to align with the Indicators in the State Performance Plan and collect information to verify compliance with Part C Federal Regulations. This form is used during on-site monitoring visits to verify compliance and areas where improvement is needed within an individual program. Data gathered during on-site visits is crosschecked with the electronic database to ensure accuracy.

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 2008:

In FFY 2007 APR, WDH reported a compliance rate of 100%. In FFY 2008, WDH compliance rate of a 100% in Indicator 14 remains the same.

Improvement Activity 1:

The WDH is developing a procurement process to develop a new database that will allow centralized administrative access for software updates and anticipates having this database up and functional by December 31, 2006.

Completed

All Child Development Centers are utilizing the web-based IFSP and data system as of May 2007.

CompletedImprovement Activity 2:

Ongoing technical assistance on the use of the database will continue to be provided by the Part C Data Consultant. Training was provided at the State's Annual Conference held in August 2006 to facilitate the change from the previous State data system to the web-based system. Training will continue as needed through 2011.

Ongoing

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2008: N/A

Part C State Annual Performance Report (APR) for FFY 2008

**ANNUAL REPORT CERTIFICATION OF THE
INTERAGENCY COORDINATING COUNCIL
UNDER PART C OF THE
INDIVIDUALS WITH DISABILITIES EDUCATION ACT (IDEA)**

Under IDEA Section 641(e)(1)(D) and 34 CFR §303.654, the Interagency Coordinating Council (ICC) of each jurisdiction that receives funds under Part C of the IDEA must prepare and submit to the Secretary of the U.S. Department of Education (Department) and to the Governor of its jurisdiction an annual report on the status of the early intervention programs for infants and toddlers with disabilities and their families operated within the State. The ICC may either: (1) prepare and submit its own annual report to the Department and the Governor, or (2) provide this certification with the State lead agency's Annual Performance Report (APR)¹ under Part C of the IDEA. This certification (including the annual report or APR) is due no later than February 1, 2010.

On behalf of the ICC of the State/jurisdiction of Wyoming, I hereby certify that the ICC is: [please check one]

1. ☐ Submitting its own annual report (which is attached); or
2. ☒ Using the State's Part C APR for FFY 2008 in lieu of submitting the ICC's own annual report. By completing this certification, the ICC confirms that it has reviewed the State's Part C APR for accuracy and completeness.²

I hereby further confirm that a copy of this Annual Report Certification and the annual report or APR has been provided to our Governor.

Susan Wiley
Signature of ICC Chairperson

1-8-10
Date

Susan.wiley@health.wyo.gov
Address or e-mail

307-765-2371
Daytime telephone number



¹ Under IDEA Sections 616(b)(2)(C)(ii)(II) and 642 and under 34 CFR §80.40, the lead agency's APR must report on the State's performance under its State performance plan and contain information about the activities and accomplishments of the grant period for a particular Federal fiscal year (FFY).

² If the ICC is using the State's Part C APR and it disagrees with data or other information presented in the State's Part C APR, the ICC must attach to this certification an explanation of the ICC's disagreement and submit the certification and explanation no later than February 1, 2010.